## PRENATAL CARE COORDINATION POSTPARTUM / NEWBORN ASSESSMENT

NOTE: All information required for Medicaid Prenatal Outcome Report is Bold and Italicized.

AGENCY:		MCO:DATE:					
		CONTACT PERSON:					
ADDRESS:							
CONTACT PERSON:		PHONE:FAX:					
PHONE:FAX:		CODE: 99501 AUTHORIZATION #:					
Data Of Visit:		#WEEVS	DACTDA DT				
Date Of Visit:		# WEEKS POSTPARTUM:  Mother's Medicaid #:					
Mother's Name:		Address: Phone:					
MARITAL STATUS AT TIME OF DELIVERY: Infant's Name:		INFANT'S MEDICAID #:					
mant s Name.		INTAINT	WIEDICAL	υ π.	LIVING WITH		
DOB: B W:LBSOZ WEEKS	S GESTATIO	N:	# LIVE BII	RTHS:	MOTHER: Y	N	
	cant $O = No$				MOTHEM, I	11	
ASSESSMENT CODES: X = Signific					UTS/REFERRALS		
1. HOME ENVIRONMENT	0022 0,1	CONTINE	15/12/1011				
a) Language spoken in home							
b) NUMBER IN HOUSEHOLD, (total, <5 y, >5y)							
c) Housing adequate/safe/ good condition							
d) Cleanliness (roaches, vermin)							
e) Working utilities / Stove / Refrigerator							
f) Working Smoke Detectors							
G) SECOND HAND SMOKE EXPOSURE							
H) MOTHER SMOKES? HOW MUCH?							
i) Other							
2. BASIC CARE ITEMS							
a) Bassinet / Crib safe							
b) Diapers / clothing/ thermometer c) Infant Car Seat							
c) Infant Car Seat d) Feeding supplies							
e) Other							
3. MOTHER'S HEALTH		Mos wt at o	delivery	TOTAL	WEIGHT GAIN _		
a) General Post partum Wellbeing		1,105 ,, 6 40 4					
b) Nutrition Intake adequate							
c) Physical activity / fatigue							
d) Emotional Status (PP Blues/Depression)							
e) PP EXAM (Date of exam)							
F) BIRTH CONTROL PLAN?		Abstinence=0	1 Other=02	No=03 Unk	nown=99		
g) Other							
4. PSYCHOSOCIAL						. —	
A) SUPPORT DURING PREGNANCY		During pregna much	ancy did she bel	ieve support to b	e Enough Not enough	gh ∐Too	
B) SUPPORT AT THIS TIME			oes she believe	support to be	Enough Not enough	Тоо	
c) Family/ Father of baby involved							
d) Domestic violence			· · · · · · · · · · · · · · · · · · ·				
e) Substance Use							
1. Tobacco (amt)							
2. Alcohol/ Drugs							
3. Illicit Drugs							
4. Prescription/OTC drugs							
f) Missed appointments							
g) Barriers to care							
<ul><li>h) Cultural practices</li><li>i) Plans to return to work/school</li></ul>							
<ul><li>i) Plans to return to work/school</li><li>j) Perceived Stress Level</li></ul>							
k) Inadeq. Income to meet basic need							
Moves freq. (moved since delivery)							
m) Medicaid status							
n) Adequate food supply							
o) Other							

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5. NEWBORN HEALTH							<u> </u>			
a) General Appearance (alert, well,	jaundice)									
b) Hearing exam at hospital pass										
c) Cord (clean, dry, good hygiene)										
d) Elimination (>6 wet diapers, BM	I normal)									
e) Sleep (wakes for feedings, 18-20										
f) SLEEP POSITION (Placed on			Yes	□No						
g) <b>HAS PMP</b> (assigned or chosen)										
h) <b>DOCTOR EXAM</b> (Had exam/s	cheduled)		Vac	Пио	Date of exam					
i) IMMUNIZATIONS STARTE		<del>                                     </del>	Yes	□ No						
j) <b>DEVELOPMENT</b> (delays)	D (at I will visit)	<del>                                     </del>	Yes	□ No						
k) ER visits/ hospitalizations		<u> </u>	168							
1) Other										
6. INFANT FEEDING										
a) <b>BREASTFEEDING</b> (at discharg	) / now)									
b) Formula (ounces in 24 hours)	27 HOW)									
c) Feeding Problems										
D) ON WIC		+	Yes	□No						
e) Started solids		<del>                                     </del>	168	<u> </u>						
7. ASSESSMENT OF PARENTI	JC.									
a) Attachment (cuddles, eye cont										
b) Stimulation (talks to, strokes,										
c) Parenting skill	tic.)									
d) Other										
NOTES:										
SIGNATURE:										
		31	GNA	IIUKI	ը,					
If this was a fetal or t	nfant death co	mplete the outc	ome	e repo	ort and the FIMR	ass	sessment report			
							1			
REFERRALS/CODES CHECK				3.6	111 11 0 '		7.0 . 1.0 .			
Alcohol/Drug Abuse Services	First Step				al Health Services	-	Social Services			
Adult Ed/GED		Food Stamps		Medicaid		╁╞	Transportation			
Domestic Violence Program		Food/Clothing Pantry			Nutritionist /WIC Parenting		Women's Health			
EFNEP		Housing				Ш	Women's shelters			
Employment Assistance	HIV care coordination				Partum Care					
Family Planning	Immunizations		14		Shelter, Homeless					
☐ Financial	Infant PM	IP		Smok	ing Cessation	L	Other			
EDUCATION TOPICS/CODES	CHECK all that	annly								
Abstinence		/iolence prevent	ΙП	Infant	stimulation	ΙГ	Parenting			
Anticipatory guidance		Family Planning			Infant feeding		Post Partum care			
Child Abuse Prevention		General Advice			ant sleep position		Safety			
Breastfeeding		Illness care			afant care, general		Secondhand Smoke			
Community Resources		Immunization schedule		Injury prevention		15	Smoking Cessation			
Coping Skills			Newborn care			WIC				
coping band		╅	Nutrit		+-					
TOTAL CARE COORDINATION SERVICES										
Total Care Provided Initial assessment + 2 reassessments + outcome = 01 Initial assessment + 1 reassessment + outcome =										
Initial assessment + outcome = 03				Initial assessment + 1 reassessment = 04						
Initial assessment + $2$ reassessments = $05$ Initial assessment only = $06$					= 06					
		re Coordinator		_	Community Health					